

July 2, 2003

Re: Medical Dispute Resolution  
MDR #: M2-03-1122-01  
IRO Certificate No.: 5055

In accordance with the requirement for TWCC to randomly assign cases to IROs, TWCC assigned your case to \_\_\_\_ for an independent review. \_\_\_\_ has performed an independent review of the medical records to determine medical necessity. In performing this review, \_\_\_\_ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

The independent review was performed by a matched peer with the treating health care provider. Your case was reviewed by a physician who is Board Certified in Pain Management.

Clinical History:

Very little information was provided regarding this female claimant's work-related injury on \_\_\_\_\_. The history indicates that she had a two-level anterior cervical fusion in 1994, but no lumbar surgery. She continued to have significant right lumbar and radicular pain, as well as thoracic pain. The patient had previous discography demonstrating non-concordant pain at T8-9 and T9-10, with concordant pain at T6-7 and T7-8, but was not felt to be a surgical candidate.

The patient was provided a muscle stimulator on 08/15/02 for her ongoing complaints of neck pain radiating into the left arm, with numbness, tingling and weakness, as well as back pain radiating into both legs, with swelling and numbness in both feet. A cursory physical examination is documented, including diffuse tenderness and muscle spasm in the neck and lower back and in the buttocks.

Disputed Services:

RS4i sequential stimulator.

Decision:

The reviewer agrees with the determination of the insurance carrier. The reviewer is of the opinion that the equipment in question is not medically necessary in this case.

Rationale for Decision:

There are no peer-reviewed scientific studies that demonstrate long-term efficacy of this device for a condition such as this

patient's. A two-month study was performed using muscle stimulation as an adjunct to active exercise therapy for the treatment of chronic low back pain. This study demonstrated statistically significant improvement in lumbar spine function for patients using the stimulator for two months as an adjunct to active exercise therapy.

In this case, the patient is not documented to be undergoing any adjunctive therapy. Furthermore, a study demonstrating two months' benefit is not indicative of any long-term efficacy. This device has not been shown to be superior, or even equal, to an active exercise home program for long-term management of chronic, non-specific back pain. No studies exist demonstrating its efficacy for cervical pain or radiculopathy.

I am the Secretary and General Counsel of \_\_\_\_ and I certify that the reviewing physician in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this care for determination prior to referral to the Independent Review Organization.

We are simultaneously forwarding copies of this report to the payor and the Texas Workers' Compensation Commission. This decision by \_\_\_\_ is deemed to be a Commission decision and order.

### **YOUR RIGHT TO REQUEST A HEARING**

Either party to this medical dispute may disagree with all or part of this decision and has a right to request a hearing.

**If disputing a spinal surgery prospective decision** a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings **within ten (10) days** of your receipt of this decision (28 Tex. Admin. Code 142.5©).

**If disputing other prospective medical necessity** (preauthorization) decisions a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings **within twenty (20) days** of your receipt of this decision (28 Tex. Admin. Code 148.3).

This Decision is deemed received by you **five (5) days** after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5 (d)). A request for a hearing should be sent to:

Chief Clerk of Proceedings  
Texas Workers' Compensation Commission  
P.O. Box 40669  
Austin, TX 78704-0012

A copy of this decision should be attached to the request. The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute.

I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on July 2, 2003.

Sincerely,